

Docket No.

BE1.001

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INFANT CPAP NASAL CANNULA SEAL

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Timothy E. Siegel 37,442

Send Correspondence to: Timothy E. Siegel
1868 Knapps Alley, Suite 206
West Linn, OR 97068-4644

Direct Telephone Calls to: *(name and telephone number)*
Timothy E. Siegel (503) 650 7411

Full name of sole or first inventor	Timothy R. Beevers	
Sole or first inventor's signature	<i>Timothy R. Beevers</i>	Date 9/18/03
Residence	14670 Baker Creek Road, McMinnville, OR 97128	
Citizenship	U. S.	
Post Office Address	14670 Baker Creek Road, McMinnville, OR 97128	

Full name of second inventor, if any		
Second inventor's signature		Date
Residence		
Citizenship		
Post Office Address		

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS - INDEPENDENT INVENTOR			Docket No. BE1.001
Serial No.	Filing Date	Patent No.	Issue Date
Applicant/ Patentee: Timothy R. Beevers			
Invention: <p style="text-align: center;">INFANT CPAP NASAL CANNULA SEAL</p>			
<p>As a below named inventor, I hereby declare that I qualify as a small entity person as defined in 37 CFR 1.27(a)(1) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:</p> <p> <input checked="" type="checkbox"/> the specification to be filed herewith. <input type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above. </p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person, small business concern, or nonprofit organization who could not be classified as a small entity under section 41(a) and (b) of Title 35, United States Code.</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p> <input checked="" type="checkbox"/> No such person, concern or organization exists. <input type="checkbox"/> Each such person, concern or organization is listed below. </p> <p>*NOTE: Separate verified statements are recommended from each named person, concern or organization having rights to the invention averring to their status as small entities.</p> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">FULL NAME</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">ADDRESS</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">FULL NAME</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">ADDRESS</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">FULL NAME</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">ADDRESS</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">FULL NAME</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">ADDRESS</div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization </div> </div>			

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.27(g)(2))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Timothy R. Beevers

SIGNATURE OF INVENTOR

Timothy R Beevers

DATE:

9/18/03

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

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